

APPLICATION NO. (IF KNOWN) **09/745760**

INTERNATIONAL APPLICATION NO.
PCT/DE 00/01586

21. The following fees are submitted:

BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)) :

- ☐ Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO \$1,000.00
- ☒ International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO \$860.00
- ☐ International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO \$710.00
- ☐ International preliminary examination fee paid to USPTO (37 CFR 1.482) but all claims did not satisfy provisions of PCT Article 33(1)-(4) \$690.00
- ☐ International preliminary examination fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(1)-(4) \$100.00

ENTER APPROPRIATE BASIC FEE AMOUNT =

CALCULATIONS PTO USE ONLY

Surcharge of \$130.00 for furnishing the oath or declaration later than ☒ 20 ☐ 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).

CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	
Total claims	- 20 =	0	x \$18.00	\$0.00
Independent claims	- 3 =	0	x \$80.00	\$0.00
Multiple Dependent Claims (check if applicable).			<input type="checkbox"/>	\$0.00

TOTAL OF ABOVE CALCULATIONS =

Reduction of 1/2 for filing by small entity, if applicable. Verified Small Entity Statement must also be filed (Note 37 CFR 1.9, 1.27, 1.28) (check if applicable). ☐

SUBTOTAL =

Processing fee of \$130.00 for furnishing the English translation later than ☐ 20 ☐ 30 months from the earliest claimed priority date (37 CFR 1.492 (f)). ☐

TOTAL NATIONAL FEE =

Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable). ☐

TOTAL FEES ENCLOSED =

Amount to be refunded \$
charged \$

- ☐ A check in the amount of _____ to cover the above fees is enclosed.
- ☒ Please charge my Deposit Account No. **07-2100** in the amount of **\$990.00** to cover the above fees.
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. **07-2100** A duplicate copy of this sheet is enclosed.

NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.

SEND ALL CORRESPONDENCE TO:

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SIGNATURE

Ronald E. Greigg

NAME

31,517

REGISTRATION NUMBER

18 January 2001

DATE